Department of Homeland Security

U.S. Citizenship and Immigration Services

START HERE - Type or Print (Use black i	For USCIS Use Only		
Part 1. Information About You	Returned	Receipt	
Family Name (Last Name) Given Name (F	irst Name) Middle Name		
Address - Street Number and Name Apt. No.		Resubmitted	
C/O (in care of)			
C. C			
City Sta	te ZIP Code	Reloc Sent	
Date of Birth (mm/dd/yyyy)	Country of Birth		
Country of Citizenship/Nationality U.S. Soc	ial Security No. (if any) A-Number (if any)	Reloc Rec'd	
Ţ.	111(011001(19 0119)		
Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number		
		Applicant	
Current USCIS Status	Expires on (mm/dd/yyyy)	Interviewed	
Part 2 Application True (Calastana)			
Part 2. Application Type (Select one) I am applying for an adjustment to perman	nent resident status because	Section of Law	
	nmediately available immigrant visa number	Sec. 209(a), INA Sec. 209(b), INA	
that has been approved. (Attach a copy	of the approval notice, or a relative, special	☐ Sec. 13, Act of 9/1 ☐ Sec. 245, INA	1/57
immigrant juvenile, or special immigra application that will give you an imme	diately available visa number, if approved.)	Sec. 249, INA Sec. 1 Act of 11/2/	/66
b. My spouse or parent applied for adjust	ment of status or was granted lawful	Sec. 2 Act of 11/2/	
permanent residence in an immigrant v for spouses and children.	Country Chargeable	<u> </u>	
	itizen whom I married within 90 days of	Country Chargeable	·
entry, or I am the K-2 child of such a f	iancé(e). (Attach a copy of the fiancé(e)	Eligibility Under Se	o 245
petition approval notice and the marriage certificate.) d. I was granted asylum or derivative asylum status as the spouse or child of a person		Approved Visa Per	
granted asylum and am eligible for adj	ustment.	Dependent of Princ Special Immigrant	cipal Alien
	ed or paroled into the United States after een physically present in the United States	Other	
for at least 1 year.	cen physically present in the Officer States	Preference	
	rried child of a Cuban described above in	Action Block	
States after January 1, 1959, and therea	and was admitted or paroled into the United fter have been physically present in the		
United States for at least 1 year.	10 1.6 1 1.070		
g. \square I have continuously resided in the Unit			
	example, I was admitted as a refugee, my ave been physically present in the United		
States for 1 year after admission). If ac instructions.	Iditional space is needed, see Page 3 of the		
I am already a permanent resident and am	applying to have the date I was granted	To be Con	mpleted by
permanent residence adjusted to the date I	originally arrived in the United States as	Attorney or Rep	resentative, if any
a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (Select one)		Fill in box if Form represent the applic	
i. I am a native or citizen of Cuba and meet the description in (e) above.		VOLAG No	
j. \square I am the husband, wife, or minor unma description in (f) above.	rried child of a Cuban and meet the	ATTY State License Nu	ımber

Part 3. Processing Information						
City/Town/Village of Birth		Current Occupation				
Your Mother's First Name		Your Father'	Your Father's First Name			
Provide your name exactly as it appe	ars on your Form I-94, Arriv	al-Departure Ro	ecord Number			
Place of Last Entry Into the United States (City/State)		In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)				
Were you inspected by a U.S. Immig	ration Officer? Yes	No				
Nonimmigrant Visa Number		Consulate Where Visa Was Issued				
Date Visa Issued (mm/dd/yyyy) Gender Marital Status Marital Status Marital Status Marital Status			Divorced Widowed			
Have you ever applied for permanent	resident status in the U.S.?		Yes" give date and p l final disposition.)	lace of No		
List your present spouse and all of yo space is needed, see Page 3 of the ins		ns and daughter	rs). (If you have non	e, write "None." If additional		
Family Name (Last Name)	Given Name (First N	ame)	Middle Initia	Date of Birth (mm/dd/yyyy)		
Contract CD' 41	D. L. C. and C.	1,	N. N. and C.C.	A = 1 ' = - '41 = - 9		
Country of Birth	Relationship	F	A-Number (if any)	Applying with you? Yes No		
Family Name (Last Name)	Given Name (First N	(ame)	Middle Initia			
Country of Birth	Relationship	A	A-Number (if any)	Applying with you?		
Family Name (Last Name)						
	Given Name (First M	(ama)	Middle Initia	Yes No		
Talling Ivallie (Lusi Ivame)	Given Name (First N	(ame)	Middle Initia	Yes No		
Country of Birth	Given Name (First N Relationship	·	Middle Initia A-Number (if any)	Yes No		
		·		Yes No Date of Birth (mm/dd/yyyy)		
		I A		Yes No		
Country of Birth Family Name (Last Name)	Relationship Given Name (First N	ame)	A-Number (if any) Middle Initia	Yes No Applying with you? Yes No Date of Birth (mm/dd/yyyy) Applying with you? Yes No Date of Birth (mm/dd/yyyy)		
Country of Birth	Relationship	ame)	A-Number (if any)	Yes No		
Country of Birth Family Name (Last Name)	Relationship Given Name (First N	ame)	A-Number (if any) Middle Initia	Yes No No Applying with you? Yes No Date of Birth (mm/dd/yyyy) Applying with you? Yes No Date of Birth (mm/dd/yyyy) Applying with you? Yes No		
Country of Birth Family Name (Last Name) Country of Birth	Relationship Given Name (First N Relationship	ame) A ame)	A-Number (if any) Middle Initia A-Number (if any)	Yes No No Applying with you? Yes No Date of Birth (mm/dd/yyyy) Applying with you? Yes No Date of Birth (mm/dd/yyyy) Applying with you? Yes No		

Pa	art 3. Processing Informat	ion (Continued)				
C.	List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include any military service in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on Page 3 of the instructions under General Instructions .					
	Name of Organization	Membership	Date of Membership			
	- Tume of organization	Location and Nature		From	To)
mı do	ast be submitted according to the cumentation that must be included.	If your answer is "Yes" to any question to guidelines provided on Page 3 of the ded with your application is also provided adjust status or register for permanent results.	instructions under Gen ed in this section.) Answ	eral Instruction	ns. Informat	ion about
1.	Have you EVER , in or outside	e the United States:				
	a. Knowingly committed any arrested?	crime of moral turpitude or a drug-relat	ed offense for which yo	ou have not been	n Yes	No 🗌
	b. Been arrested, cited, charge or ordinance, excluding tra	ed, indicted, convicted, fined, or imprisonable ffic violations?	oned for breaking or vio	lating any law	Yes	No 🗌
	c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?			Yes _	No 🗌	
	d. Exercised diplomatic immu	unity to avoid prosecution for a criminal	offense in the United S	States?	Yes	No 🗌
		stance in the United States from any sou icipality (other than emergency medical				No 🗌
3.	Have you EVER :					
	a. Within the past 10 years be activities in the future?	en a prostitute or procured anyone for p	rostitution, or intend to	engage in such	Yes _	No 🗌
	b. Engaged in any unlawful c	ommercialized vice, including, but not	imited to, illegal gambl	ing?	Yes	No 🗌
	c. Knowingly encouraged, incillegally?	luced, assisted, abetted, or aided any ali	en to try to enter the Ur	nited States	Yes	No 🗌
	d. Illicitly trafficked in any cotrafficking of any controlle	ontrolled substance, or knowingly assist d substance?	ed, abetted, or colluded	in the illicit	Yes	No 🗌
	membership or funds for, or has upport to any person or organ	conspired to engage in, or do you intend ave you through any means ever assisted ization that has ever engaged or conspir	l or provided any type of ed to engage in sabotag	of material	ed Yes	No 🗌

Pa	rt 3. Processing Information (Continued)		
5.	Do you intend to engage in the United States in:		
	a. Espionage?	Yes	No 🗌
	b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means?	Yes	No 🗌
	c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information?	Yes	No 🗌
6.	Have you EVER been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?	Yes	No 🗌
7.	Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion?	Yes	No 🗌
8.	Have you EVER been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings?	Yes	No 🗌
9.	Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act (INA) for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States, or any immigration benefit?	Yes	No 🗌
10.	Have you EVER left the United States to avoid being drafted into the U.S. Armed Forces?	Yes	No 🗌
11.	Have you EVER been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver?	Yes	No 🗌
12.	Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child?	Yes	No 🗌
13.	Do you plan to practice polygamy in the United States?	Yes	No 🗌
14.	Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:		
	a. Acts involving torture or genocide?	Yes	No 🗌
	b. Killing any person?	Yes	No 🗌
	c. Intentionally and severely injuring any person?	Yes	No 🗌
	d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?	Yes	No 🗌
	e. Limiting or denying any person's ability to exercise religious beliefs?	Yes	No 🗌
15.	Have you EVER :		
	a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?	Yes	No 🗌
	b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?	Yes	No 🗌
16.	Have you EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?	Yes	No 🗌

Part 3. Processing Information (Continued)	
17. Have you EVER assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?	Yes No No
18. Have you EVER received any type of military, paramilitary, or weapons training?	Yes No No
Part 4. Accommodations for Individuals With Disabilities and/or Impairments (See Page 7 of the before completing this section.)	e instructions
Are you requesting an accommodation because of your disability(ies) and/or impairment(s)?	Yes No No
If you answered "Yes," select any applicable box: a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language indicate which language (e.g., American Sign Language)):	age interpreter,
b. I am blind or sight-impaired and request the following accommodation(s):	
c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or accommodation(s) you are requesting):	r impairment(s) and

Part 5. Signature (Read the information on penalties on **Page 8** of the instructions before completing this section. You must file this application while in the United States.)

Your Registration With U.S. Citizenship and Immigration Services

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (INA), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services (USCIS). I understand and acknowledge that, under section 265 of the INA, I am required to provide USCIS with my current address and written notice of any change of address within 10 days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested, and removed from the United States."

Selective Service Registration

The following applies to you if you are a male at least 18 years of age, but not yet 26 years of age, who is required to register with the Selective Service System: "I understand that my filing Form I-485 with U.S. Citizenship and Immigration Services (USCIS) authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth, and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached 26 years of age."

Part 5. Signature (Continued)				
	Applicant's Statement (Select	one)		
I can read and understand English, and as my answer to each question.	d I have read and understand each and ev	very quest	ion and instruction	on on this form, as well
language, a l	on on this form, as well as my answer to anguage in which I am fluent, by the percey question and instruction on this form,	son name	d in Interpreter	's Statement and
I certify, under penalty of perjury under the all true and correct. I certify also that I has				
I authorize the release of any information determine eligibility for the benefit I am s		nd Immig	ration Services (USCIS) needs to
Signature (Applicant)	Print Your Full Name		Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
NOTE : If you do not completely fill out t eligible for the requested benefit, and this		nents liste	d in the instructi	ons, you may not be found
I certify that I am fluent in English and the Language Used (language in which appl		nature		
I further certify that I have read each and applicant in the above-mentioned languag well as the answer to each question.				
Signature (Interpreter)	Print Your Full Name		Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
Part 6. Signature of Person Prepar	ing Form, If Other Than Above			
I declare that I prepared this application have knowledge.	n at the request of the above applicant	t, and it is	based on all in	formation of which I
Signature	Print Your Full Name		Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
Firm Name and Address]	Email Ado	dress (if any)	